

ERASING THE STIGMA OF
MENTAL HEALTH ISSUES
THROUGH AWARENESS

Managing Moods Workbook

A TOOLBOX of REPRODUCIBLE
ASSESSMENTS and ACTIVITIES
for FACILITATORS

Ester R.A. Leutenberg
and John J. Liptak, EdD

**Whole Person**

101 W. 2nd St., Suite 203
Duluth, MN 55802

800-247-6789

books@wholeperson.com
www.wholeperson.com

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A Toolbox of Reproducible Assessments and Activities

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Using the *Managing Moods Workbook*

People become sad for a variety of reasons including disappointment, grief, frustration of not being able to accomplish a project or not getting what's desired, experiencing despair during holiday seasons, etc. When these feelings of sadness and/or dysphoric moods last for hours and even days, they may not be a cause for concern. These feelings are part of the normal "ups" and "downs" of life. It is common for people to feel blue or down, become frustrated and/or experience a sense of emptiness from time to time.

However, a sad mood which won't let up can change the way people think and feel and may be a sign of a more serious mood problem. When people find themselves for several weeks taking little joy in activities they have previously enjoyed, appear irritable a majority of the time, and feel fatigue and a general loss of energy, they may be experiencing the symptoms of more serious problems.

These more serious mood problems stretch far beyond the normal limits of disappointment, loss, frustration, and joylessness. Mood problems can be accompanied by an inability to cope with everyday life issues and stressors. Rather than temporary feelings of down in the dumps, these extreme feelings tend to last for more than a few hours or days. These feelings tend to affect all aspects of a person's life and leave the person feeling empty, unable to move, and hopeless for weeks, months and even years.

People who experience problems in maintaining a balanced and healthy overall mood are often incapable of functioning well in daily life. They often experience extreme emotional states, negative feelings, and self-defeating moods that are inconsistent with what is happening in their environment. People struggling with this mental condition find that they are unable to conquer their moodiness in the workplace, at home, with family and friends, at school, and in their community. People who experience moodiness have problems in interpersonal relationships, ability to work effectively, study and concentrate, and in the ways they eat, sleep, relax and live their daily lives.

Our goal for this book is NOT to diagnose a mental illness, or even for the facilitator to make that diagnosis from this book's content. Our goal is to touch on some of the symptoms and possibilities, create realizations, and provide coping methods which will help people to go forward and perhaps consider the possibility of the need for consideration of medications and therapy. It is also to help participants recognize that other people have the same issues, that no shame is connected to them, and mental health issues of any degree is not to be stigmatized nor should anyone need to feel like a victim to stereotyping. In this book, we are using the phrase mental health issues in order to include ALL types of mood problems, from just being moody to serious mental illness.

Our thanks to these professionals who make us look good!

Art Director - Joy Dey

Editor and Lifelong Teacher - Eileen Regen

Editorial Director - Carlene Sippola

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Our thanks for helping us launch our new series of serious, vitally important, yet delicate topics!

Mel Gallen, Ph.D. and Dr. Raymond K. Lederman

Managing Moods Workbook Can Help Everyone Who is Moody

People experience many different problems related to mood. The assessments and activities in this workbook are designed to provide facilitators with a wide variety of tools to use in helping people manage their moods. Many choices for self-exploration are provided for facilitators to determine which tools best suit the unique needs of their participants.

The purpose of this workbook is to provide a user-friendly guide to short-term assessments and activities designed to help people conquer feelings of moodiness and experience a greater sense of wellbeing. In addition, this workbook is designed to help provide facilitators and participants with tools and information needed to overcome the stigma attached to mood conditions.

In order to help their participants successfully deal with moodiness, it is extremely helpful for facilitators to have a variety of appealing, user-friendly assessments and activities to help their participants “open-up” and begin to feel as if their mood is less intense and more balanced, and that they are not alone. The Managing Moods Workbook provides assessments and self-guided activities to help participants reduce the intensity of moodiness and begin living more effectively.

When to Worry?

Disturbances in mood are much more painful and numbing than the everyday blues and sadness that most people experience. These disturbances are much more than a temporary feeling of being down in the dumps, disappointed, sad after a loss, irritable, angry or frustrated. Ongoing, constant moodiness is a pervasive sense of emptiness in which people are unable to engage with daily life, feel lethargic about everyone and everything, experience a series of both highs and lows, and an immobilization in which getting out of bed can feel like a difficult task. The good news is that people can develop the cognitive, affective, and behavioral skills needed to decrease the amount, depth and duration of their moodiness and begin to feel a sense of joy, contentment, and wellbeing. People who experience these feelings over time are at risk of having a serious mood disturbance and need to seek professional medical and psychological assistance.

Suicide Warning!

People who experience severe bouts of moodiness are often at risk for suicide. Sometimes their feelings can be so strong that they think the only way to escape the pain is to die by suicide. Remember to take any talk about suicide or suicidal acts very seriously. Anyone showing any of the following symptoms needs to be taken seriously, and facilitators can take an active role in their finding help immediately:

- Withdrawing from family, friends, and activities of interest in the past
- Increasing use of harmful substances
- Giving away possessions
- Expressing severe hopelessness about the future
- Making a plan for dying by suicide
- Calling or visiting people to say goodbye
- Getting legal affairs in order
- Engaging in reckless behavior
- Talking about killing or harming self
- Expressing feeling trapped with no way out
- Purchasing a weapon

People need to do much more than complete the assessments, activities and exercises contained in this workbook if they have a serious mental illness. All mood disturbances need to be thoroughly evaluated by a medical professional, and then treated with an appropriate combination of medication and group and/or individual therapy.

Types of Serious Mood Inconsistencies for the Facilitator

Many different types of mood disturbances are conveyed and expressed in different forms. Some of the types of mood disturbances that people typically experience include the following:

Major Depression (often referred to as unipolar depression) involves a profoundly sad mood and a high probability of distorted depressive thinking that occur over time.

Some of the additional symptoms:

- A persistent, sad mood most of the day accompanied by feeling empty
- Experiencing a significant reduction in appetite and weight loss when not dieting, or increased appetite and weight gain
- Sleeping too much (hypersomnia) or an inability to sleep (insomnia)
- Feelings of inadequacy
- Racing thoughts and impulsive behaviors
- Hostility or aggression
- Feelings of agitation or feelings of restlessness
- Fatigue, loss of energy or feelings of being slowed down
- Feelings of worthlessness and hopelessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, remember things or be decisive
- Constant feelings of anxiety or feelings of irritability
- Loss of interest in activities, or a decrease in pleasure in activities once enjoyed
- Physical symptoms such as headaches, pain, digestive problems
- Thoughts of suicide and/or danger to others

Bipolar Depression involves an alteration (like a roller-coaster ride) of down feelings (depression) and up feelings (excessive and often inappropriate euphoric), rapid speech and hyperactivity.

Some additional symptoms:

- Cycles of elation and depression
- Distinct period of abnormally and persistently elevated and euphoric mood
- Inflated self-esteem or grandiosity
- Decrease in the need for sleep
- Flight of ideas
- Distractibility
- Increased engagement in risky behavior

Milder Forms of Depression carry detectable symptoms and impact daily activities in ways that demonstrate a diminished interest in things people usually find interesting or enjoyable.

Some of these types of mood disturbances:

- Dysthymia – Person has a mild depression that lingers for more than two years. For people with dysthymia, life has little pleasure and they tend to be cranky, irritable, and testy.
- Postpartum Depression – Person experiences depression after childbirth. Sometimes called *baby blues*, this type of depression may be associated with psychological and physical factors.
- Seasonal Affective Disorder – Person experiences depression with seasonal changes in climate and light.

Depression From Unknown Origin includes feelings of sadness and emptiness, low energy, and a lack of interest that occurs naturally when experiencing change or stress in life. Unlike the feelings of sadness and moodiness that are part of everyday life, many people are often unable to deal with their feelings of sadness and moodiness and their feelings last much longer. The mood is accompanied by feelings of irritability and hostility, a growing sense of fatigue, and a sense of hopelessness about the future.

Sources of Serious Mood Inconsistencies

Where do disturbances in mood originate? Why do some people experience changes in mood and moodiness, while others do not? That is not an easy question to answer. Because mood inconsistencies are very complex in nature, they usually do not originate from one source. Rather, many things can lead to mood disturbances in people, and often it is not one of the following sources, but a combination of several sources.

Negative Thinking

Distorted, maladaptive, and irrational thinking can cause and enhance feelings of sadness and moodiness. A thorough examination should be conducted of a participant's thought processes as they relate to and affect feelings.

Genetics and Biology

Family history can influence one's predisposition to moodiness. A complete medical and psychological history should be completed to identify family members who may also have experienced periods of sadness.

Uncontrollable Situations

Situations in which people find themselves unable to control the outcomes can enhance feelings of sadness, a loss of interest, and a sense of hopelessness and helplessness. An examination of the situations in which participants experience feelings of moodiness should be conducted by a medical/psychological professional.

Life Events

An inability to cope with major stressors can be a factor in moodiness. Some of the major stressors that often precede mood disturbances include separation and divorce, traumatic shock, legal troubles, feeling stuck in a situation without an exit, loss of a loved one, and loss of a job. An examination of the life events that may be causing sadness and moodiness should be conducted by a medical/psychological professional.

Medical Conditions

People who have medical conditions often experience mood disturbances as a secondary symptom. A participant's medical history can reveal conditions that might induce a mood problem and should be examined by a medical/psychological professional.

Substances

People often experience mood problems from chronic use of alcohol and drugs. An examination of a participant's drug and alcohol abuse should be examined by a medical/psychological professional.

Lack of Social Support

People who have access to a social support system are much less likely to experience severe and extended bouts of sadness. An examination of participant's support system should be conducted by a medical/psychological professional.

Format of the Managing Moods Workbook

The *Managing Moods Workbook* is designed to be used either independently or as part of an established mental health issue program. You may administer any of the assessments and the guided self-exploration activities to an individual or a group with whom you are working, and you may administer any of the assessments and activities over one or more days. Feel free to pick and choose those that best fit the outcomes you desire. The purpose of this workbook is to provide facilitators who work with individuals and groups who may be experiencing mood disturbances with a series of reproducible activities that can be used to supplement their work with participants. Because the activity pages in this workbook are reproducible, they can be photocopied as is, or changes made with white out, or adding additional words to a master, to suit each group, and then photocopied.

Assessments

Assessments (scales for each individual mode) establish a behavioral baseline from which facilitators and participants can gauge progress toward identified goals. This workbook will supplement a facilitator's work by providing assessments designed to measure behavioral baselines for measuring client change. In order to do so, assessments with scoring directions and interpretation materials begin each module. The authors recommend that you begin presenting each topic by asking participants to complete the assessment. Facilitators can choose one or more, or all of the activities relevant to their participants' specific needs and concerns.

Each of the awareness modules contained in this book begin with an assessment for these purposes:

- Help facilitators to develop a numerical baseline of behavior, attitude, and personality characteristics before they begin their plan of treatment.
- Help facilitators gather valuable information about themselves.
- Help facilitators in the measurement of change over time.
- Use assessments as pre-tests and post-tests to measure changes in behavior, attitude, and personality.
- Use assessments to help facilitators identify patterns that are negatively affecting a participant.
- Prompt insight and behavioral change.
- Help participants feel part of the treatment-planning process.
- Provide participants with a starting point to begin to learn more about themselves and their strengths and limitations.

Assessments are a great aid in developing plans for effective change and decreased moodiness. Be aware of the following when administering, scoring and interpreting assessments in this workbook:

- The purpose of these assessments is not to pigeonhole people, but to allow them to explore various elements of themselves and their situations.
- This book contains self-assessments and not tests. Traditional tests measure knowledge or right or wrong responses. For the assessments provided in this book, remind participants that there are no right or wrong answers. These assessments ask only for opinions or attitudes.
- The assessments in this workbook have face value, but have not been formally normed for validity and reliability.
- The assessments in this workbook are based on self-reported data. In other words, the accuracy and usefulness of the information is dependent on the information that participants honestly provide about themselves. Assure them that they do not need to share their information. They can be honest.
- The assessments are exploratory exercises and not a judgment of who they are as human beings.
- The assessments are not a substitute for professional assistance. If you feel any of your participants need more assistance than you can provide, refer them to an appropriate professional.

Format of the *Managing Moods Workbook*

Assessment Script

When administering the assessments contained in this workbook, please remember that the assessments can be administered, scored, and interpreted by the client. If working in a group, facilitators should circulate among participants as they complete assessments to ensure that there are no questions. If working with an individual client, facilitators can use the instruction collaboratively. **Please note that as your participants begin the assessments in this workbook, the instructions below are meant to be a guide, so please do not feel you must say them word for word.**

Tell your participants: *"You will be completing a quick assessment related to the topics we are discussing. Assessments are powerful tools, but only if you are honest with yourself. Take your time and be truthful in your responses so that your results are an honest reflection of you. Your level of commitment in completing the assessments honestly will determine how much you learn about yourself. You do not need to share them with anyone if you don't want to."*

Allow participants to turn to the first page of their assessment and read the instructions silently to themselves, then tell them: *"All of the assessments have similar formats, but they have different scales, responses, scoring instructions and methods for interpretation. If you do not understand how to complete the assessment, ask me before you turn the page to begin."*

Then tell them: *"Because there is no time limit for completing the assessments, take your time and work at your own pace. Do not answer the assessments as you think others would like you to answer them or how you think others see you. These assessments are for you to reflect on your life and explore some of the barriers that are keeping you from living a more satisfying life. Before completing each assessment, be sure to read the instructions."*

Make sure that nobody has a question, then tell them: *"Learning about yourself can be a positive and motivating experience. Don't stress about taking the assessments or discovering your results. Just respond honestly and learn as much about yourself as you can."*

Tell participants to turn the page and begin answering with Question 1. Allow sufficient time for all participants to complete their assessment. Answer any questions people have. It is extremely helpful for you, as the facilitator, to read and/or complete the assessment prior to distributing to the participants. As people begin to finish, read through the instructions for scoring the assessment. Have participants begin to score their assessments and transfer their scores for interpretation being sure that no one has a question about the scoring.

Review the purpose of the interpretation table included after each assessment. Tell the participants: *"Remember, this assessment was not designed to label you. Rather, it was designed to develop a baseline of your behaviors. Regardless of how you score on an assessment, consider it a starting point upon which you can develop healthier habits. Take your time, reflect on your results, and note how they compare to what you already know about yourself."*

After participants have completed, scored, and interpreted their assessment, facilitators can use the self-exploration activities included in each module to supplement their traditional tools and techniques to help participants function more effectively.

(Continued on the next page)

Format of the *Managing Moods Workbook* (Continued)

Self-Exploration Activities

This workbook will provide self-exploration activities that can be used to induce behavioral change, enhance thinking skills and decrease feelings of sadness and moodiness. These activities, included after each of the assessments, will prompt self-reflection and promote self-understanding. They use a variety of formats to accommodate all learning styles and foster introspection and promote pro-social behaviors, life skills and coping skills. The activities in each section correlate to the assessments to enable you to identify and select activities quickly and easily.

Self-exploration activities assist participants in self-reflection, enhance self-knowledge, identify potential ineffective behaviors, and teach more effective ways of coping with moodiness. They are designed to help participants make a series of discoveries that lead to increased social and emotional competencies, as well as to serve as an energizing way to help participants grow personally and professionally. These brief, easy-to-use self-reflection tools are designed to promote insight and self-growth.

Many different types of guided self-exploration activities are provided for you to pick and choose the activities that are most needed by your participants and the ones that will be most appealing to them. The unique features of the exploration activities make them user-friendly and appropriate for a variety of individual sessions and group sessions.

In some activities, participants will have an opportunity to ...

- explore how they could make changes in their lives to feel better. These activities are designed to help participants reflect on their current life situations, discover new ways of living more effectively, and implement changes in their lives to accommodate these skills.
- to journal as a way of enhancing their self-awareness. Through journaling prompts, participants will be able to write about the thoughts, attitudes, feelings, and behaviors that have contributed to, or are currently contributing to, their current life situation. Through journaling, participants are able to safely address their concerns, hopes and dreams for the future.
- to explore their moodiness issues by examining past behavior for negative patterns and learning new ways of dealing more effectively in the future. These activities are designed to help participants reflect on their lives in ways that will allow them to develop healthier lifestyles.

The facilitator has the choice of how to process the activities – individually, as a group, volunteers sharing, etc.

The Stigma Awareness Approach

It is important that facilitators keep an open mind about mental health issues and the stigma attached to people experiencing these issues. Rather than thinking of people as having a mental disorder, or being mentally ill, the *Erasing the Stigma of Mental Health Issues through Awareness* series is designed to help facilitators to diminish the stigma that surrounds people suffering from moodiness. Stigmas occur when people are unduly labeled, which sets the stage for discrimination and humiliation. Facilitators are able to help to erase the stigma of mental illness through enhanced awareness of the factors that activate the issues, accentuate the depth of the problems, and accelerate awareness and understanding.

To assist you, a module entitled *Erasing the Stigma of Mental Health Issues* is included to provide activities for helping to erase the stigma associated with mood inconsistencies.

The Awareness Modules

The reproducible awareness modules in this workbook will help you identify and select assessments and activities easily and quickly:

Module I: How Moody Are You?

This module will help participants identify the depth of their moodiness and identify ways to decrease the intensity of this moodiness.

Module II: Effects of Moodiness

This module will help participants identify the ways that moodiness is affecting their health, relationships, work and social activities.

Module III: Mood Triggers

This module will help participants identify the ways that they experience moodiness in their lives through feelings, thoughts, and behaviors.

Module IV: Roller Coaster Moods

This module will help participants identify the effects of mood instabilities in their lives.

Module V: Erasing the Stigma of Mental Health Issues

This module will help participants explore the stigma of moodiness in their lives and the impact that the stigma has on them.

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MODULE I

How Moody Are You?

*Nothing lifts me out of a
bad mood better than a hard
workout on my treadmill.
It never fails. To us, exercise
is nothing short of a miracle.*

~ Cher

Name _____

Date _____

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How Moody Are You? Scale Introduction and Directions

All people get moody from time to time, but when your moodiness becomes debilitating and begins to interfere with your effectiveness and your relationships in daily life, you need to explore how moody you really are.

You can use the following scale to explore how moody you are in your daily life.

There is a wide range of emotions within moodiness. This assessment contains 25 statements related to your level of moodiness. Read each of the statements and decide how much the statement describes you.

- If the statement describes you a lot, circle the number under that column next to that item.
- If the statement describes you sometimes, circle the number under that column next to that item.
- If the statement describes you only a little or not at all, circle the number under that column next to that item.

In the following example, the circled number under "A Lot" indicates the statement is descriptive of the person completing the inventory a lot of the time.

	A LOT	SOMETIMES	LITTLE/NONE
I have sleep difficulty – either I have trouble sleeping or I sleep too much	3	2	1

This is not a test. Since there are no right or wrong answers, do not spend too much time thinking about your answers. Be sure to respond to every statement.

Turn to the next page and begin.

How Moody Are You? Scale

	A LOT	SOMETIMES	LITTLE/NONE
I have sleep difficulty – either I have trouble sleeping or I sleep too much	3	2	1
I have quick swings in mood from glad to sad	3	2	1
I have appetite problems – either I have no appetite or I can't stop eating	3	2	1
I am irritable around others	3	2	1
I am more aggressive than usual	3	2	1
I feel fatigued and sluggish	3	2	1
I do not share information about my moodiness with family	3	2	1
I tend to be negative most of the time	3	2	1
I have lost my inner peace and contentment	3	2	1
I engage in reckless behavior (driving, substances, etc.)	3	2	1
I don't want people to know that I have a mood problems	3	2	1
I have lost interest in my usual daily activities	3	2	1
I feel <i>empty</i>	3	2	1
I do not discuss my moodiness with friends	3	2	1
I feel as if my life is hopeless	3	2	1
I think about suicide	3	2	1
I am critical of myself	3	2	1
I feel embarrassed after I am moody	3	2	1
I have trouble controlling my temper	3	2	1
I have lost interest in sexual activity	3	2	1
I cry	3	2	1
I feel restless	3	2	1
I find it hard to concentrate	3	2	1
I can't seem to "get going"	3	2	1
Even if asked, I will not talk to people about my moods	3	2	1

TOTAL = _____

How Moody Are You? Scale Scoring Directions

Moodiness can interfere with your relationships, work, school, social activities, and participation in the community. The How Moody Are You? Scale is designed to help you explore how persistent your feelings of moodiness are and how disruptive your moods are in your daily life.

For the scale you just completed, add the numbers that you circled. This score will give you some sense of how moody you are. Your total will range from 25 to 75.

Then, transfer this total to the space below:

Level of Moodiness Total = _____

Profile Interpretation

Individual Scale Score	Result	Indications
25 to 41	Low	Low scores indicate a low level of moodiness. Complete the following exercises to ensure you reduce your moody feelings even further.
42 to 58	Moderate	Moderate scores indicate a medium high level of moodiness. Complete the following exercises to ensure you reduce your moody feelings even further.
59 to 75	High	High scores indicate a high level of moodiness. Complete the following exercises to ensure you reduce your moody feelings even further.

WARNING

People who are experiencing moderate and high levels of moody feelings, thoughts and behaviors can be at risk for suicide. Sometimes moody feelings can be so strong that people think that the only way to escape the pain is to attempt suicide. You need to remember that if you are having these feelings, or spend time thinking about how you could take your life, you need to talk to a medical professional. The following activities are designed to help reduce your level of moodiness. Regardless of how you scored on the scale, please complete all of the activities.

Thinking About Your Own Thinking

People who experience mood disturbances often engage in negative thinking. There are many different methods of negative thinking. Which ones describe your thinking?

Type of Negative Thinking	My Negative Thoughts	How They Make Me Feel and Act
Self-Doubt (Example: I'm not good enough, I'm too fat, etc.)		
Pessimism (Example: I'm doomed, Nothing ever works out, etc.)		
Powerlessness (Example: I can't help myself, etc.)		
Demanding Thinking (Example: I should have, I must, etc.)		
Negativism (Example: Focusing on the negative in a situation)		

Which type of thinking do you exhibit most often? How can you be more alert to this type of thinking? _____

Converting Negative to Positive Thinking

You can work to translate your negative thinking into more positive thinking. Complete the table below based on the negative thoughts you identified.

My Negative Thoughts	More Accurate Positive Thoughts	My Affirmation
<i>Example: "I'll never be good enough."</i>	<i>"I don't need to compare myself to others."</i>	<i>"I am good enough just as I am."</i>